10/20/06 09:	:50 TEL 408 37	7 8137	Yiling Lagal				Dinos
PART B - FEE(S) TRANSMITTAL							@ 002
/	erid this form togo	then with	D- FEE(S) I KAI	SWITTAL			
Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885							
DICKELLOTIONS, TO	<u> </u>		OF KAY	571 L772 700E			
appropriate and the correct maintenance fee notifice	r correspondence included below or directed of alions.	for transmitting the ISS ing the Patent, advance of therwise in Block 1, by (UE FEE and PUBLIC orders and notification (a) specifying a new co	ATION FEE (if requestions of maintenance fees of the property	uired). Blo will be m s; and/or (ocks 1 through 5 slailed to the current b) indicating a sepa	nould be completed when correspondence address a rate "FEE ADDRESS" for
CORRENT CORRESTON		Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
XILINX, INC ATTN: LEGAL 2100 LOGIC D	DEPARTMENT	4/2006		Co	rtificants o	f Malling T	
•			ŀ	Pat Tompkins/			(Depositor's name)
			ŀ				(Signature)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	Octobe			(Date)
10/796,750	03/08/2004		Vasisht Mantra Vadi			EY DOCKET NO.	CONFIRMATION NO.
TITLE OF INVENTION TESTABILITY	N: SEGMENTED DAT	aline scheme in a	MEMORY WITH EN	HANCED FULL FA	ULT CO	:-1292 US VERAGE MEMOR	2526 Y CELL
APPLN. TYPE	Small entity	issue fee due	PUBLICATION FEE DU	E PREV. PAID ISSUI	E FEB	TOTAL PEE(S) DUE	DATE DUE
nonprovisional	МО	\$1400	02	so		51400	12/14/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS				
PHAN, TRONG Q		2827	365-063000				
I. Change of corresponds CFR 1.363).	ence address or indication	n of "Fee Address" (37	2. For printing on the	patent front page, lis	it		
Change of correspondences form PTO/SE	ondence address (or Cha 3/122) attached.	nge of Correspondence	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
PTO/SB/47; Rev 03-0 Number is required.	cation (or "Fee Address' 2 or more recent) attach	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered pattern attorneys or agents. If no name is fisted, no name will be printed.					
3. ASSIGNEE NAME AT	ND RESIDENCE DATA	TO BE PRINTED ON T	THE PATENT (print or t	ype)			
PLEASE NOTE: Unite recordation as set forth (A) NAME OF ASSIG	ess an assignee is identi n in 37 CFR 3.11. Comp	fied below, no assignee deletion of this form is NO?	data will appear on the f a substitute for filing a	patent. If an assigno	ce is ident	dified below, the doc	cument has been filed for
XILINX,	INC.	San Inco	(B) RESIDENCE: (CIT , Californi		OUNTRY)	
•							
Please check the appropria		caregories (will not be pri	nted on the patent):	Individual Con	rporation (or other private grou	p entity Government
4a. The following fee(s) a Issue Fee Publication Fee (No	Payment of Fce(s): (Pl				own above)		
Publication Fee (No small entity discount permitted) Advance Order - # of Copies Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficient overpayment, to Deposit Account Number 24 ~ 0040 (enclose an extra							Timmer on soudit
5. Change in Entity State	us (from status indicated	shove)	overpayment, to Dep	osit Account Number	24-0	040 (enclose an	extra copy of this form).
a. Applicant claims	SMALL ENTITY status	Sec 37 CFR 1 27	Xb. Applicant is no lo	iger claiming SMALI	r - 12 X (TTT-	V C. 17.000	
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if required State	ired) will not be accepted as Pillent and Trademark	from anyone other than Office.	the applicant, a regis	tered attor	ney or agent; or the	assignee or other party in
Authorized Signature		MAD	•			r 20, 200	
Typed or printed name	Kenth	A)Chanroo		Registration No	36,	480	
This collection of information application. Confidential submitting the completed ship form and/or suggestion Box 1450, Alexandria, Vir Alexandria, Virginia 22312	tion is required by 37 CP ality is governed by 35 to application form to the ins for reducing this burd ginia 22313-1450, DO	R 1.311. The information J.S.C. 122 and 37 CFR 1. USPTO. Time will vary of len, should be sent to the NOT SEND PEES OR CO	is required to obtain or 14. This collection is ed depending upon the indi Chief Information Offic OMPLETED FORMS T	rctain a benefit by the timated to take 12 m vidual case. Any con cr, U.S. Patent and Y. O THIS ADDRESS	e public winutes to comeals on radicmark	hich is to file (and b complete, including a the amount of time Office, U.S. Departs	y the USPTO to process) minering, preparing, and you require to complete ment of Commerce, P.O.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number,

PTOL-85 (Rev. 07/06) Approved for use through 04/30/2007
PAGE 2/2* RCVD AT 10/20/2006 1:50:53 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-5/2* DNIS:2732885 * CSID:408 377 6137* DURATION (mm-ss):00-46 * COMMERCE

L STOP ISSUE FEE

MMISSIONER FOR PATENTS

. Box 1450 kandria, Virginia

inventor(s);

Vasisht Mantra Vadi et al.

Assignee: XILINX, INC. Serial No.: 10/796,750

conf.no. 2526

Filed: March 8, 2004

Title: Segmented Dataline Scheme in a Memory with Enhanced Full Fault Coverage Memory

Cell Testability

Docket No.: X-1292 US

Enclosed: Return Receipt Postcard

Fee Transmittal - Part B

October 20, 2006

VIA FACSIMILE 571-273-2885

Atty/Sec: KAC/pat